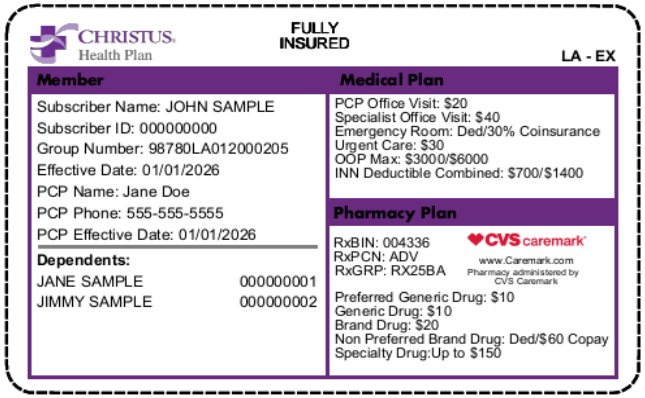
2026 PROVIDER QUICK REFERENCE GUIDE
Health Insurance Marketplace - Texas

ELIGIBILITY
Member Services Phone: **844-282-3025** Fax: **210-766-8851**
Christus.HP.memberservices.inquiry@christushealth.org

Provider Inquiries Phone: **844-282-3025** Fax: **210-766-8851**

Provider Portal www.christushealthplan.org


CHRISTUS Health Plan

FULLY INSURED

LA - EX

Member	Medical Plan
Subscriber Name: JOHN SAMPLE Subscriber ID: 000000000 Group Number: 98780LA012000205 Effective Date: 01/01/2026 PCP Name: Jane Doe PCP Phone: 555-555-5555 PCP Effective Date: 01/01/2026 **Dependents:** JANE SAMPLE 000000001 JIMMY SAMPLE 000000002	PCP Office Visit: $20 Specialist Office Visit: $40 Emergency Room: Ded/30% Coinsurance Urgent Care: $30 OOP Max: $3000/$6000 INN Deductible Combined: $700/$1400
	Pharmacy Plan
	RxBIN: 004336 RxPCN: ADV RxGRP: RX25BA CVS caremark www.Caremark.com Pharmacy administered by CVS Caremark Preferred Generic Drug: $10 Generic Drug: $10 Brand Drug: $20 Non Preferred Brand Drug: Ded/$60 Copay Specialty Drug:Up to $150

Provider Services	Member Services
Submit Medical Claims to: P.O. Box 561123 Dallas, TX 75356 Payor ID: 52106 **Submit Dental Claims to:** P.O. Box 1809 Alpharetta, GA 30023-1809 **Submit Vision Claims to:** 939 Elkridge Landing Rd, Ste 200 Linthicum, MD 21090	Member Services 1-844-282-3025 TTY 711 Superior Vision 1-800-879-6901 Delta Dental 1-833-459-1167 Pharmacy for Members 1-833-844-5350 PHD Pharmacy 1-800-364-6331 TTY 1-800-231-4403 **Assistance 24/7** Nurse Line: 1-844-581-3175

"NOTICE: YOUR SHARE OF THE PAYMENT FOR HEALTH CARE SERVICES MAY BE BASED ON THE AGREEMENT BETWEEN YOUR HEALTH PLAN AND YOUR PROVIDER. UNDER CERTAIN CIRCUMSTANCES, THIS AGREEMENT MAY ALLOW YOUR PROVIDER TO BILL YOU FOR AMOUNTS UP TO THE PROVIDER'S REGULAR BILLED CHARGES."

CHRISTUS Health Plan is a licensed HMO in Texas. CHRISTUS Health Plan is also the sole owner of CHRISTUS Health Plan Louisiana, a licensed HMO in Louisiana which operates under the registered trade name of CHRISTUS Health Plan.

Please visit www.christushealthplan.org for more information about your plan and to find information on how to locate an in-network provider.

PROVIDER RELATIONS
Needs or portal access:
CHP.ProviderNetwork@christushealth.org

CHRISTUS HEALTH PLAN SITE
www.christushealthplan.org
Provider Resources, Education, Search, and Portal

NETWORK CONTRACTING
CHP.NetworkDevelopment@christushealth.org

SALES & MARKETING
TXBrokerSupport@christushealth.org
Broker/Prospect Inquiries, Marketing Events Phone: **833-889-4357**

PC2244

CLAIMS
Claims Submissions Claims filing deadline 95 days
Unless otherwise agreed upon in the provider's contract

Claims Resubmissions Resubmission deadline **180** days

Claims Address CHRISTUS Health Plan LA Exchange
Phone: **844-282-3025** P.O. Box 561123
Dallas, TX 75356

Electronic Claims Clearinghouse: Availity
Payor ID: **52106**

AUTHORIZATION INFORMATION
Please visit www.christushealthplan.org for the most up-to-date authorization list. For questions contact us at **800-446-1730.**

UTILIZATION MANAGEMENT & BEHAVIORAL HEALTH
Phone: **800-446-1730** (ext 1) Fax: **844-357-7562**

CARE MANAGEMENT
Phone: **800-446-1730** (ext 2)

COMPLAINTS AND APPEALS
ChristusCAG@christushealth.org
Phone: **844-282-0380** Fax: **866-416-2840**
Appeals deadline: **180** days from the date of the last disposition
Mail to: CHRISTUS Health Plan
ATTN: Complaint and Appeals
P.O. Box 169009
Irving, TX 75016

CREDENTIALING VERIFICATION
Non-Delegated providers
Christus.HP.Credentialing@christushealth.org
Delegated providers
Christus.DSO.Delegation@christushealth.org
Facilities and Ancillaries
Christus.HP.Facility@christushealth.org

ELIGIBILITY AND ENROLLMENT
Christus.HP.Eligibility@christushealth.org
Phone: **844-282-0380** Fax: **866-416-2840**
Open Enrollment 11/01/2025 - 01/15/2026

NEW PROVIDER PORTAL URL
https://christushealthprovider.healthtrioconnect.com/

PHARMACY BENEFIT MANAGER
CVS Caremark **1-833-844-5350**
Pharmacy Help Desk **1-800-364-6331**

CVS caremark®
Bin # 004336
RxPCN # ADV
RxGRP # RX25BA

DENTAL BENEFIT VENDOR
Delta Dental www.deltadentalins.com
Member/Provider Services **1-833-459-1167**

DELTA DENTAL®

VISION BENEFIT VENDOR
Superior Vision www.superiorvision.com
Member Services **1-800-879-6901**
Provider Services **1-877-235-5317**

SuperiorVision™

FITNESS VENDOR
(Plus plans ONLY)
Active&Fit www.activeandfit.com
Member Services **877-771-2746** (TTY 711)
Monday - Friday, 5 am - 6 pm

Active&Fit ENTERPRISE™

FAMILY PLANNING CLAIMS PAYMENT
Conduent **844-242-3025**

RESOURCES
www.cms.gov

FRAUD, WASTE AND ABUSE
FWA HOTLINE **855-771-8072**
Secure Fax **210-766-8849**
CHRISTUS Health Plan
ATTN: Special Investigations Unit
5101 N. O'Connor Blvd.
Irving, TX 75039
ChristusHealthPlanSIU@christushealth.org